

**Complainant Details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email \_\_\_\_\_

**I am..** Please tick

Current student	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Prospective student	<input type="checkbox"/>	Client	<input type="checkbox"/>
Former student	<input type="checkbox"/>	Industry Representative	<input type="checkbox"/>
Parent of a student	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Complaint or Appeals Details**

**The complaint is about..** Please tick

The quality of training delivery	<input type="checkbox"/>	Fee, charges and refunds	<input type="checkbox"/>
The qualifications of the Trainer	<input type="checkbox"/>	Student records	<input type="checkbox"/>
The conduct of the Trainer	<input type="checkbox"/>	Bullying or harassment	<input type="checkbox"/>
The quality of assessment	<input type="checkbox"/>	Work placement	<input type="checkbox"/>
Release or transfer to another provider	<input type="checkbox"/>	Issuance of Statement of Attainment	<input type="checkbox"/>
Student information	<input type="checkbox"/>	Issuance of Certificate	<input type="checkbox"/>

**Description of the Complaint** ... e.g. Details of the incident, training standards, assessment, trainer’s response, student services response.

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**How this issue has affected me...**

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**Expected outcomes from this complaint or appeal...**

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**Supporting documentation or evidence**

There is supporting documentation or evidence – Please attach documentation or evidence

There is no supporting documentation

**Signature of Complainant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Administration Office Only**

**Steps taken to resolve complaint**

- Complaint or appeal received on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_
  - Complaint or appeal discussed and brought to attention of Sapere Pty Ltd senior management
  - Action taken
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- Complaint or Appeal entered in the Register for Complaints or Appeals